

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at		Black Horse	Town	Harford Co	County			
Date of death	1905 Aug	Month	1st	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Age	7	3		
Occupation	Where Residing if not at place of death							
Married, Single or Widowed	Name of Wife or Husband		Walter Adrian					
Father's Name	Walter Adrian		Father's Birthplace					
Mother's Maiden Name	Blanche Clark		Mother's Birthplace					
Name of person giving information	F. J. Turner		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

90

How long

Immediate

Capillary Bronchitis

1 week

Are the name, age, sex, color, date and place correctly given above?

yes

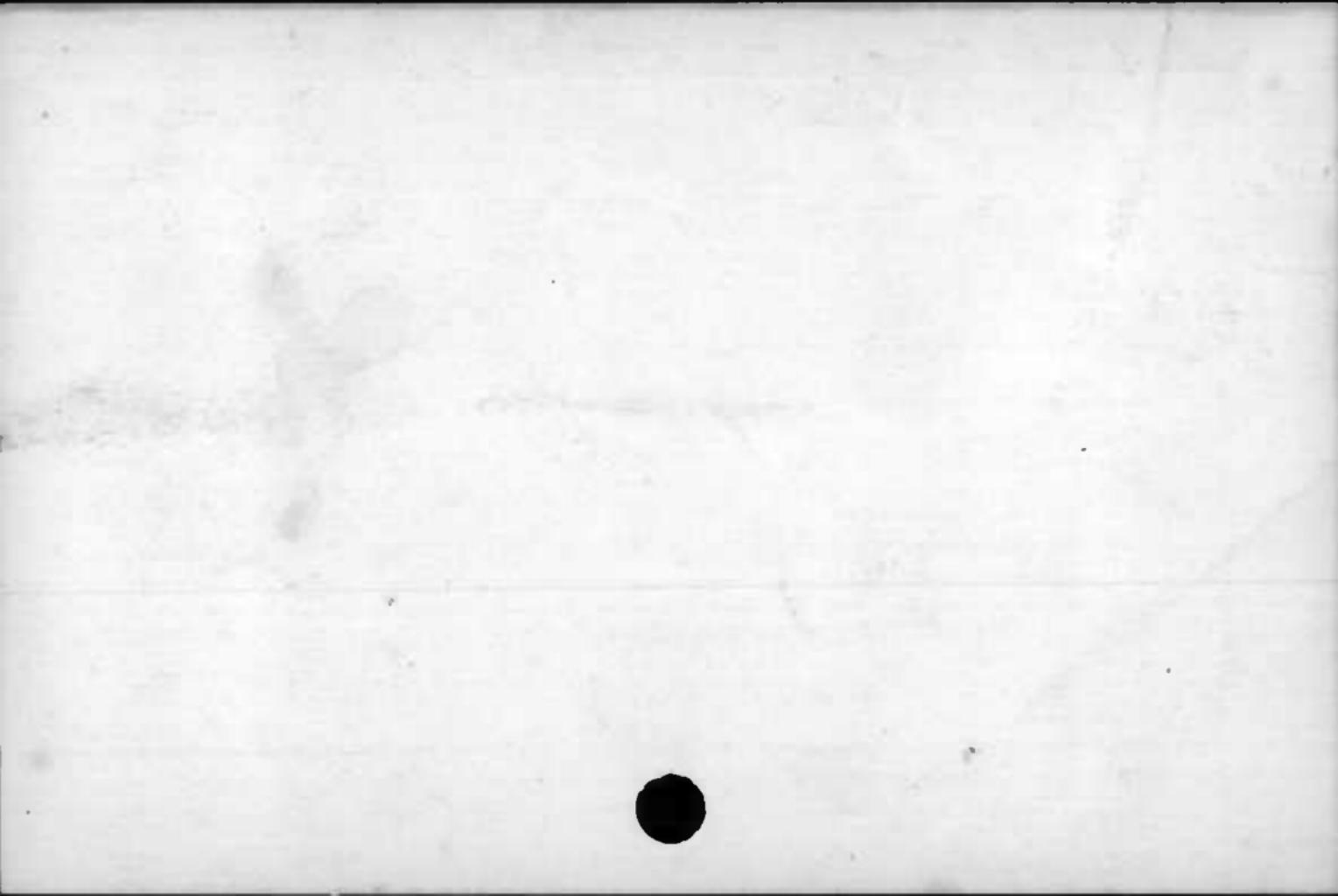
Signature of Physician

F. J. Turner

Address

White Hall
Baltimore Co

Accident or Suicide?



Name
in
Full

Maryarch L. Ball

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County		MARYLAND	
	Bel Air		Harford			
Date of death 1905	Month	Day	Years	Months	Days	
August	23		21	9		
Sex	Female	Color or Race	White	Birth-place	Bel Air	
Married, Single or Widowed	Single		Occupation	Elocutionist		
Name of Wife or Husband	none					
Father's Name	Phineas T. Ball		Father's Birthplace	Monroe Co N.Y.		
Mother's Maiden Name	Mary Kieffer		Mother's Birthplace	Pennsylvania		
Name of person giving information	Phineas T. Ball		How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tubercular Laryngitis

How long

about nine months

Immediate

Phainition

How long

2

Are the name, age, sex, color, date and place correctly given above?

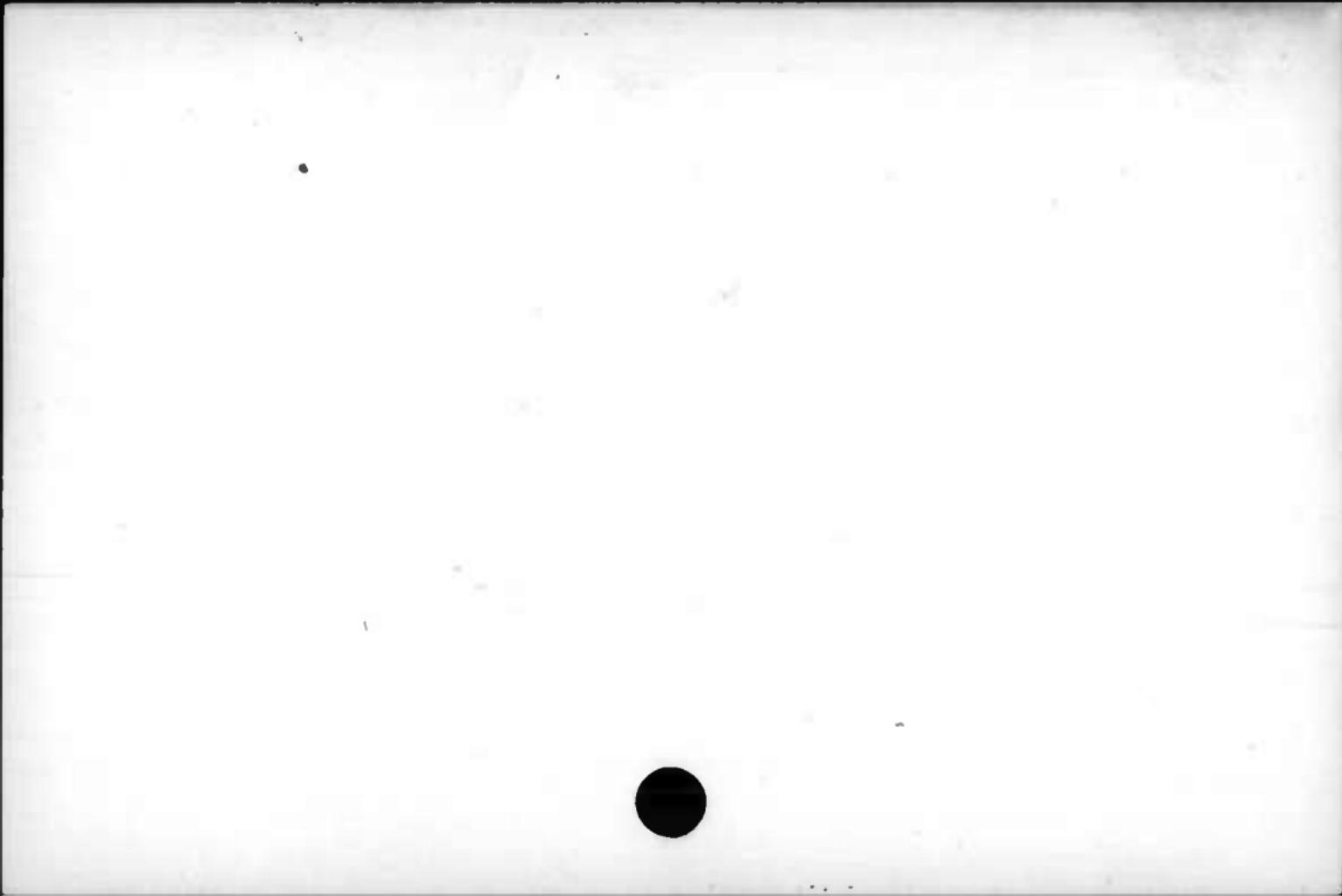
Signature of Physician

Address

William J. Archer

Bel Air Md

Accident or Suicide?



TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Bond.

Died at	Town		County		MARYLAND		
Date of death	1905	Month Aug	Day 13 th	Years	Months	Days	three
Sex	Male		Color or Race	Colored		Birth-place	Cooptown
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	- - -			Name of Wife or Husband	- - -		
Father's Name	George Bond			Father's Birthplace	Maryland		
Mother's Maiden Name	Mary Johnson			Mother's Birthplace	Maryland		
Name of person giving Information	Geo. Bond			How related to deceased	Father		

CAUSES OF DEATH

Primary

Premature birth

How long

Immediate

Innervation

(15)

How long

three days

Are the name, age, sex, color, date and place correctly given above?

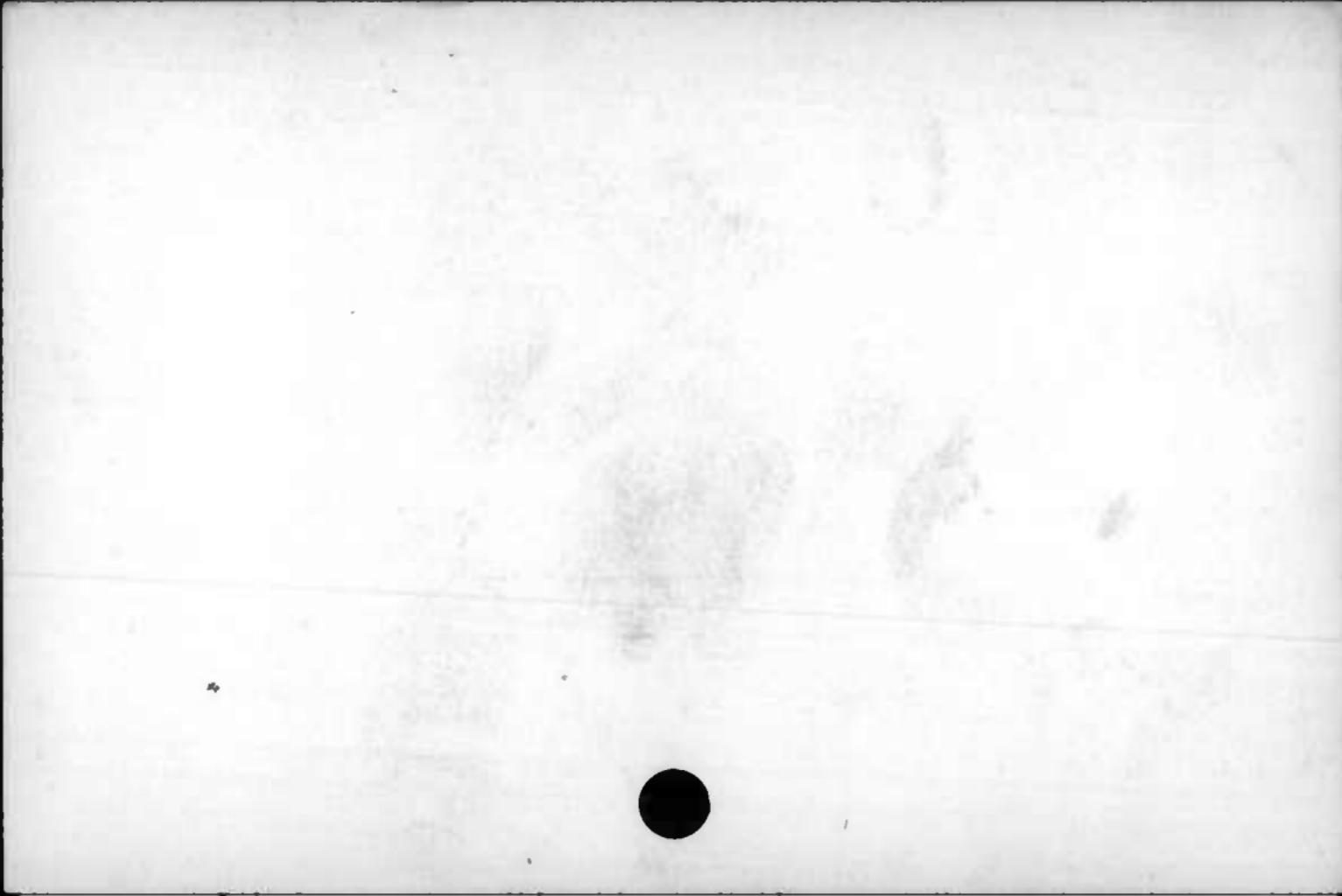
Yes

Signature of Physician

Address

27 Mc Neill
Garrettville

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Joseph Bond -				CERTIFICATE OF DEATH		
Died at Wilma		Town		County Harford		MARYLAND
Date of death 1905	Month Aug.	Day 17	Years 25	Age 25	Months 1	Days 1
Sex Male	Color or Race Black		Birth-place Md			
Occupation Laborer	Where Residing if not at-place of death ✓					
Married, Single or Widowed Married	Name of Wife or Husband Mary Pauline "Mabel" Name					
Father's Name Joshua Bond	Father's Birthplace Md					
Mother's Maiden Name Harriette Bond	Mother's Birthplace Md					
Name of person giving information Joshua Bond	How related to deceased Father					

CAUSES OF DEATH

Primary

Pugiloid fever

How long

2 weeks

Immediate

Intestinal hemorrhage

How long

few hours

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

As, F. B. Gorsuch

Address

Folk Md.

Accident or Suicide?

will be called for by
"undertaker" S.F.K.G.

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Jacob H. Brookhart

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	garrettville			
Father's Name	Solomon Brookhart			Father's Birthplace	maryland
Mother's Maiden Name	Mary Gross			Mother's Birthplace	maryland
Name of person giving information	James Preston			How related to deceased	no relation

CAUSES OF DEATH

Primary

Hepatic Cancer

How long

8 months

Immediate

Diarrhea

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

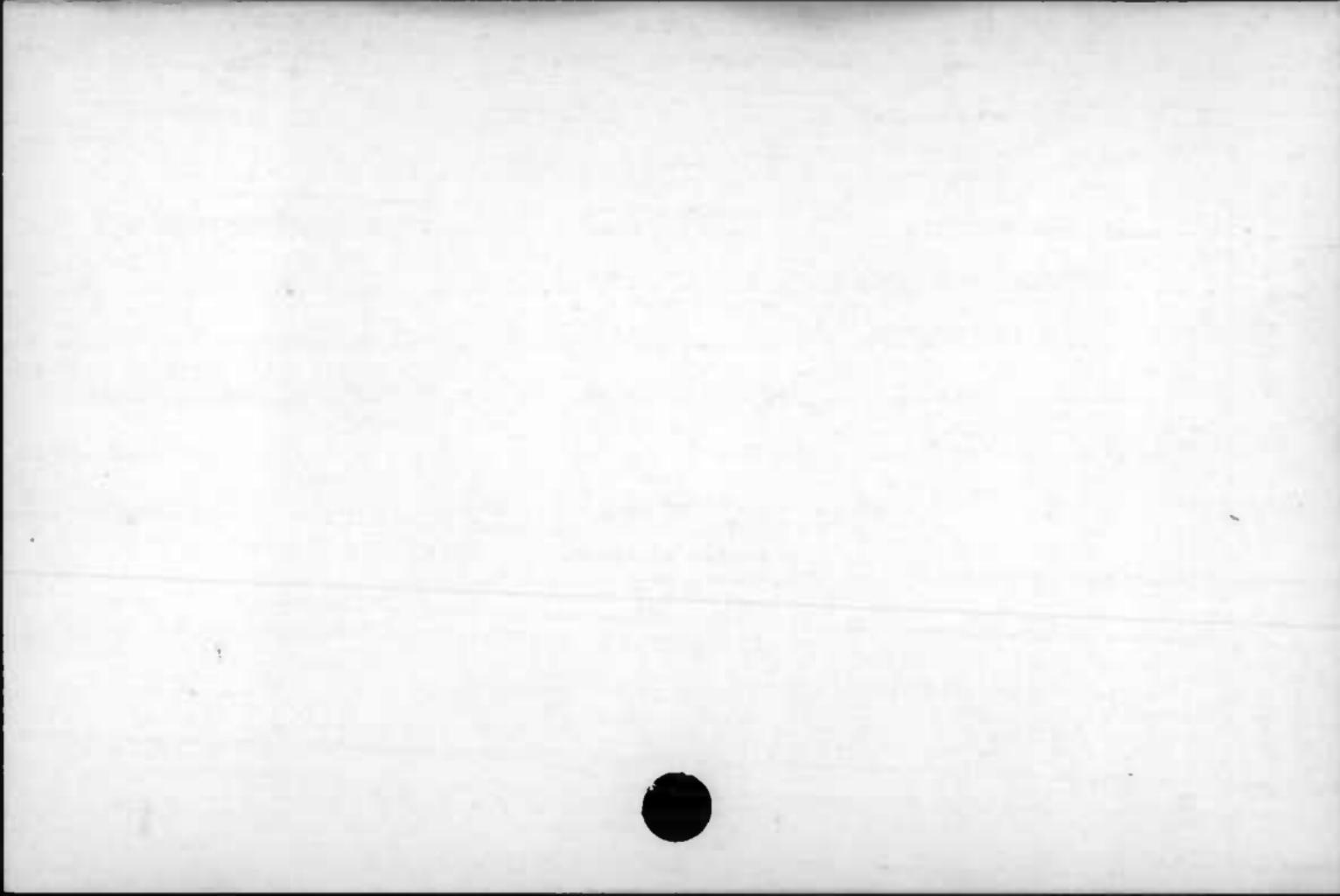
H. F. Bradley M.D.

Address

garrettville

Md

Accident or Suicide?



Name
in
Full

Violet Austin Burkam's b/w ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Harve de Grace	Harford Coay			Months	Days
Date of death 190	Aug	9	Age	7	14	
Sex	Female	Color or Race	white	Birth-place	Harve de Grace	
Married, Single or Widowed	-	Occupation				
Name of Wife or Husband	-					
Father's Name	Harry Burkam			Father's Birthplace	York Co Pa	
Mother's Maiden Name	Wella L ungart			Mother's Birthplace	" " "	
Name of person giving Information	Farker			How related to deceased	Fashne	

CAUSES OF DEATH

Primary

Indigestion

104

How long

few days

Immediate

Entiro Colitis

How long

10 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

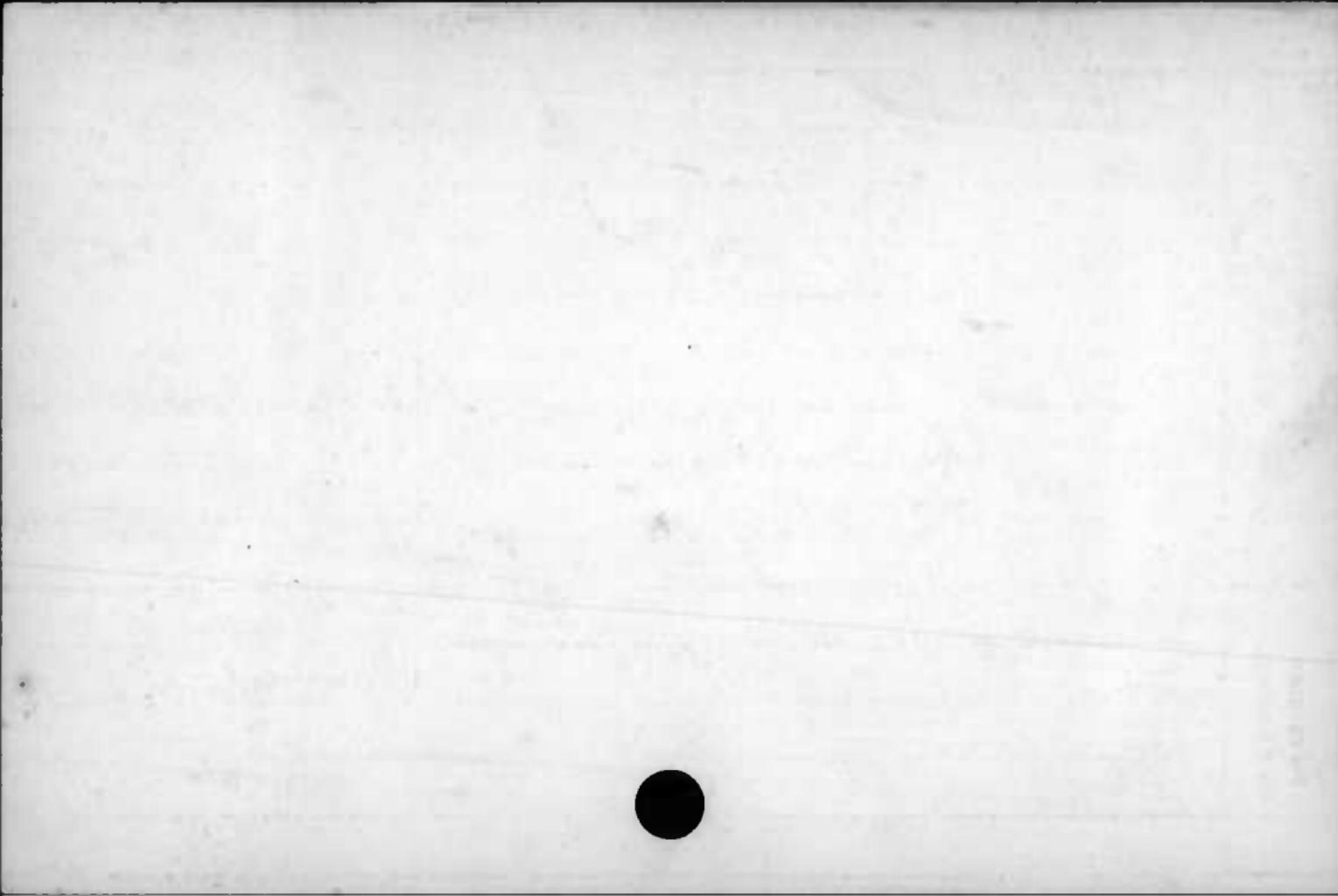
yes

Signature of Physician

Address

Alvord
Harve de Grace

Accident or Suicide?



Name
in
Full

Mrs Ellen Lain

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Patricia Lain			
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

1905 8 7 70 - -

Female White Ireland

Housekeeper

Married Midwife

Patricia Lain

Brooklyn

Brooklyn

Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis

91

How long

Second year

How long

Immediate

Chronic Heart failure

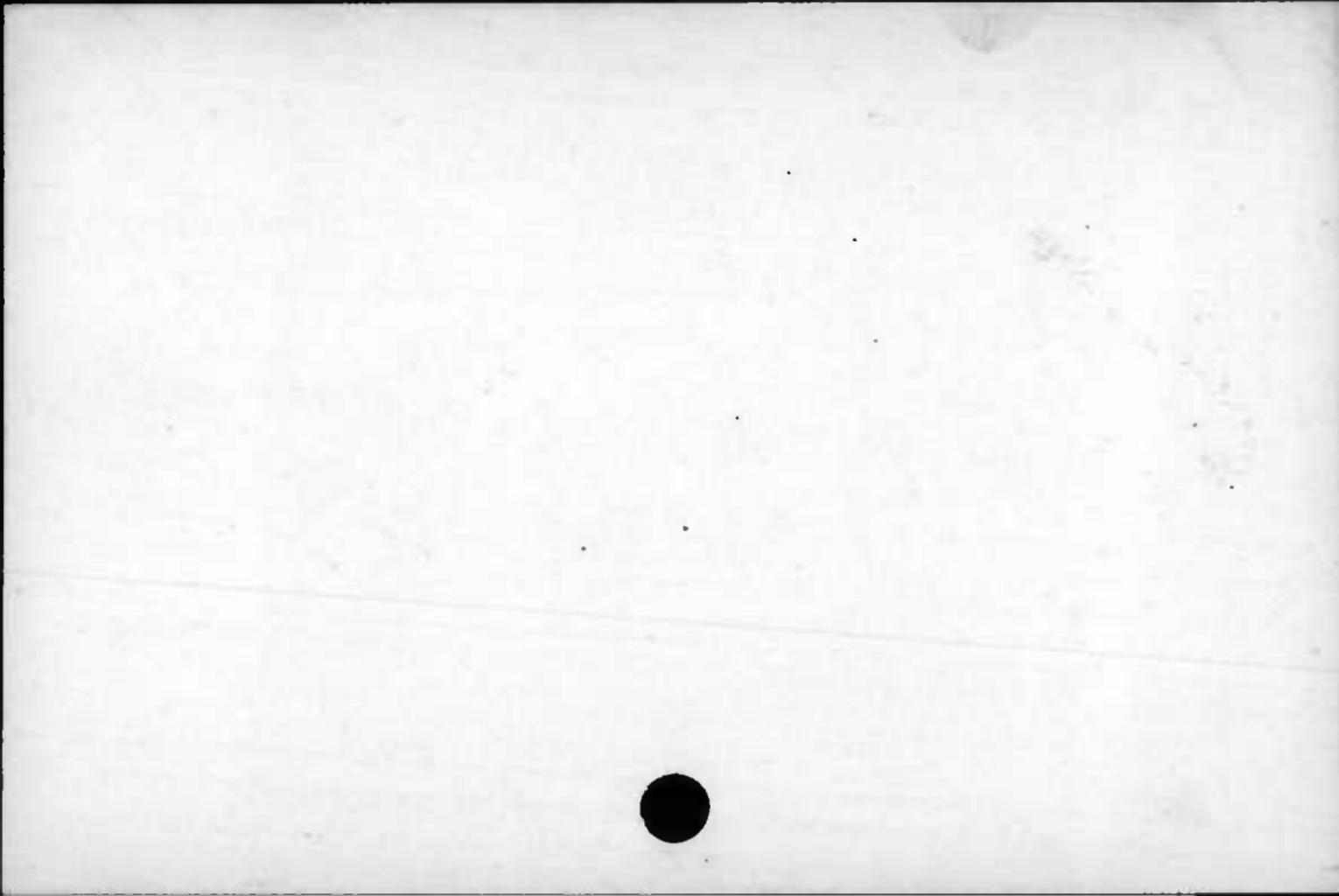
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. P. Smithson
Forest Glen

Accident or Suicide?



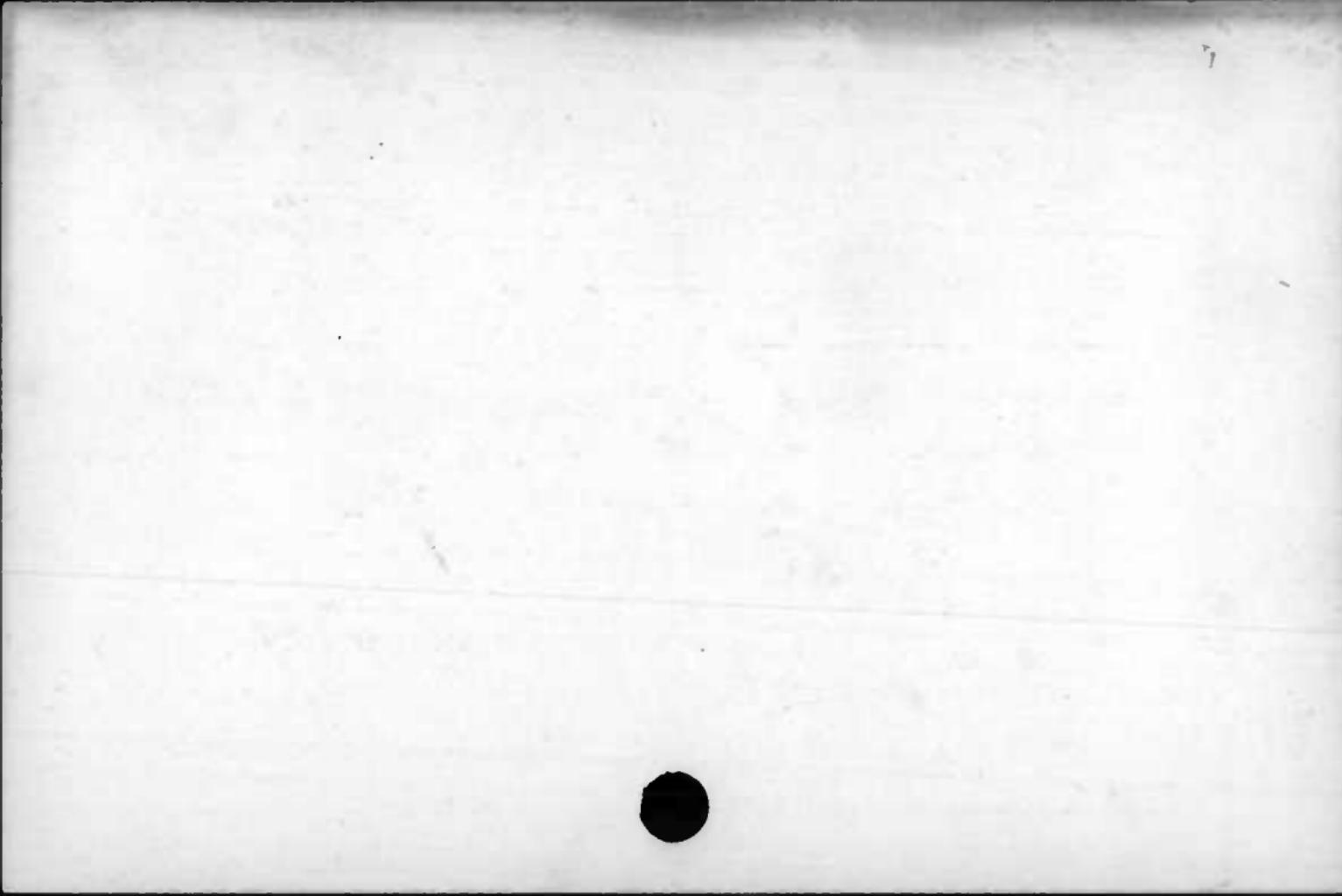
Ellingsworth barrel Carnan

CERTIFICATE OF DEATH

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Age	Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Elijah Carnan		Father's Birthplace Boottown Md			
Mother's Maiden Name	Lucretia Carroll		Mother's Birthplace Garrettville Md.			
Name of person giving information	Anna B. Carnan		How related to deceased Niece			

CAUSES OF DEATH

Primary	Cerebral Hemorrhage		64	How long	2 weeks
Immediate	Exhaustion			How long	—
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	H. F. Bradley M.D.	
yes			Address	Garrettville Md.	
Accident or Suicide?					



Name
in
Full

Mary Pauline Baxsins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baxsins</u>		Town <u>Town</u>		County <u>Harford</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>aug</u>	Day <u>3</u>	Age <u>57</u>	Year	Months	Days	
Sex	Color or Race <u>white</u>	Birthplace <u>York co Pa</u>					
Occupation			Where Residing if not at place of death <u>baxsins</u>				
Married or Widowed	Name of Wife or Husband <u>Mary P Baxsins</u>	Father's Birthplace <u>York co Pa</u>					
Father's Name	<u>Samuel Jones</u>	Mother's Birthplace <u>" " "</u>					
Mother's Maiden Name	<u>Mary Ann Cooper</u>	How related to deceased <u>Sister</u>					
Name of person giving information	<u>Eliza M. DeSwan</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption

How long

2 weeks

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

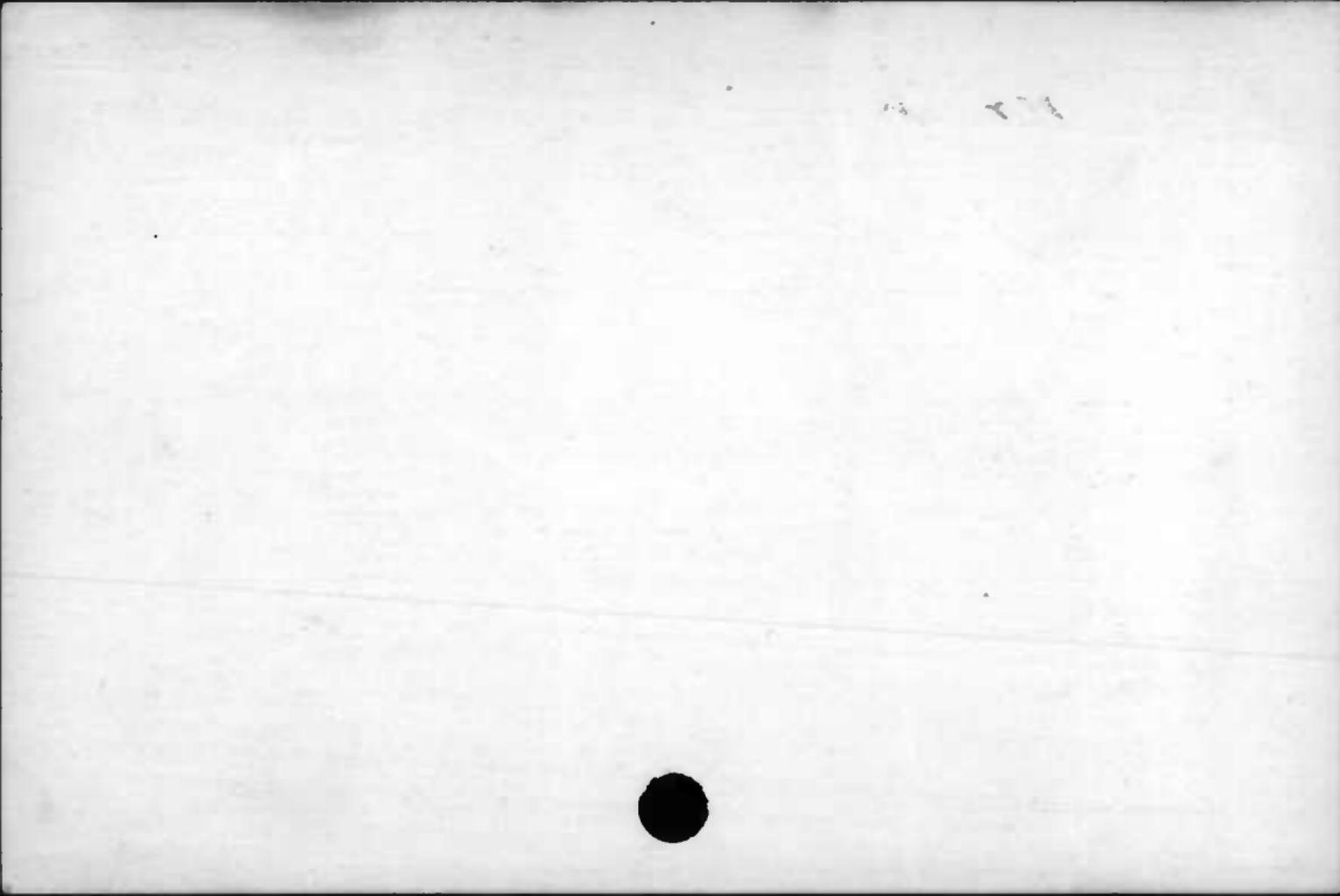
yes

Signature of Physician

Address

Chas. H. White
Aberdeen
Pa

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Mrs Adeline Carter

Died at		Town	County		MARYLAND	
Date of death	1905	Month 8	Day 19	Years 70	Months	Days
Sex	Female	Color or Race	White		Birth-place	Harford Co
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Widowed	Name of Wife or Husband	Matthew Carter			
Father's Name	Jacob Hammock		Father's Birthplace Pa.			
Mother's Maiden Name	Elizabeth - Porter		Mother's Birthplace Harford Co			
Name of person giving information	Mrs Lizzie Carter		How related to deceased Niece			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Carcinoma of breast

How long

1 yr

Immediate

Hammock

How long

4 mos

Are the name, age, sex, color, date and place correctly given above?

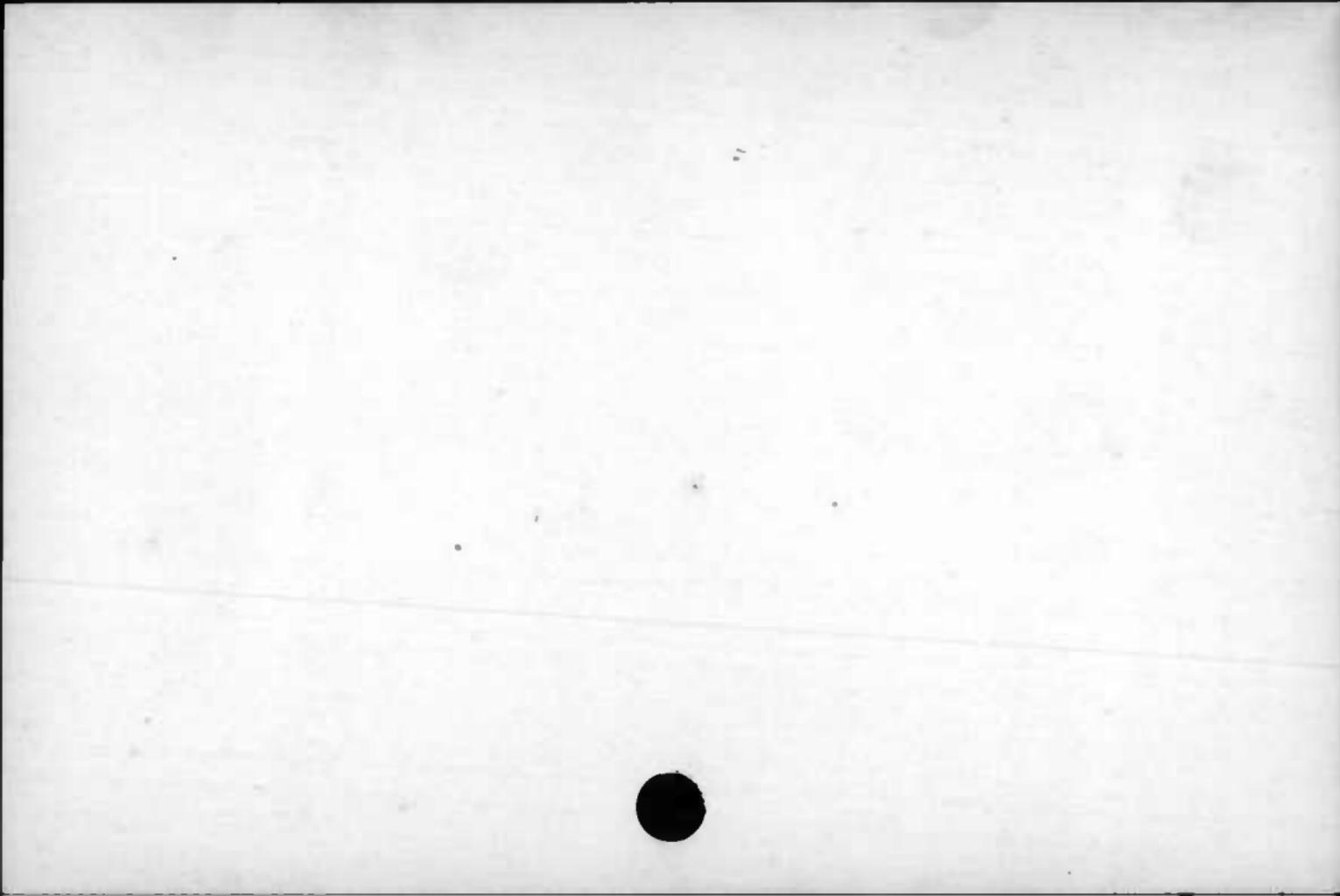
Yes

Signature of Physician

J. Lee Hughes
Libson Ind.

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Virginia & Illinois St., Hagerstown

CERTIFICATE OF DEATH

Died at Town Carre de Sac		County Hagerstown		MARYLAND		
Date of death 1905	Month Aug	Day 4	Years one hour	Months	Days	
Sex Female	Color or Race	White		Birth- place	H de Sac	
Occupation —	Where Residing if not at place of death —					
Married, Single or Widowed —	Name of Wife or Husband —					
Father's Name Eva Kreschler	Father's Birthplace H de Sac					
Mother's Maiden Name —	Mother's Birthplace —					
Name of person giving Information —	How related to deceased Gather					

CAUSES OF DEATH

Primary

How long

Immediate Convulsion

How long

Are the name, age, sex, color, date
and place correctly given above?

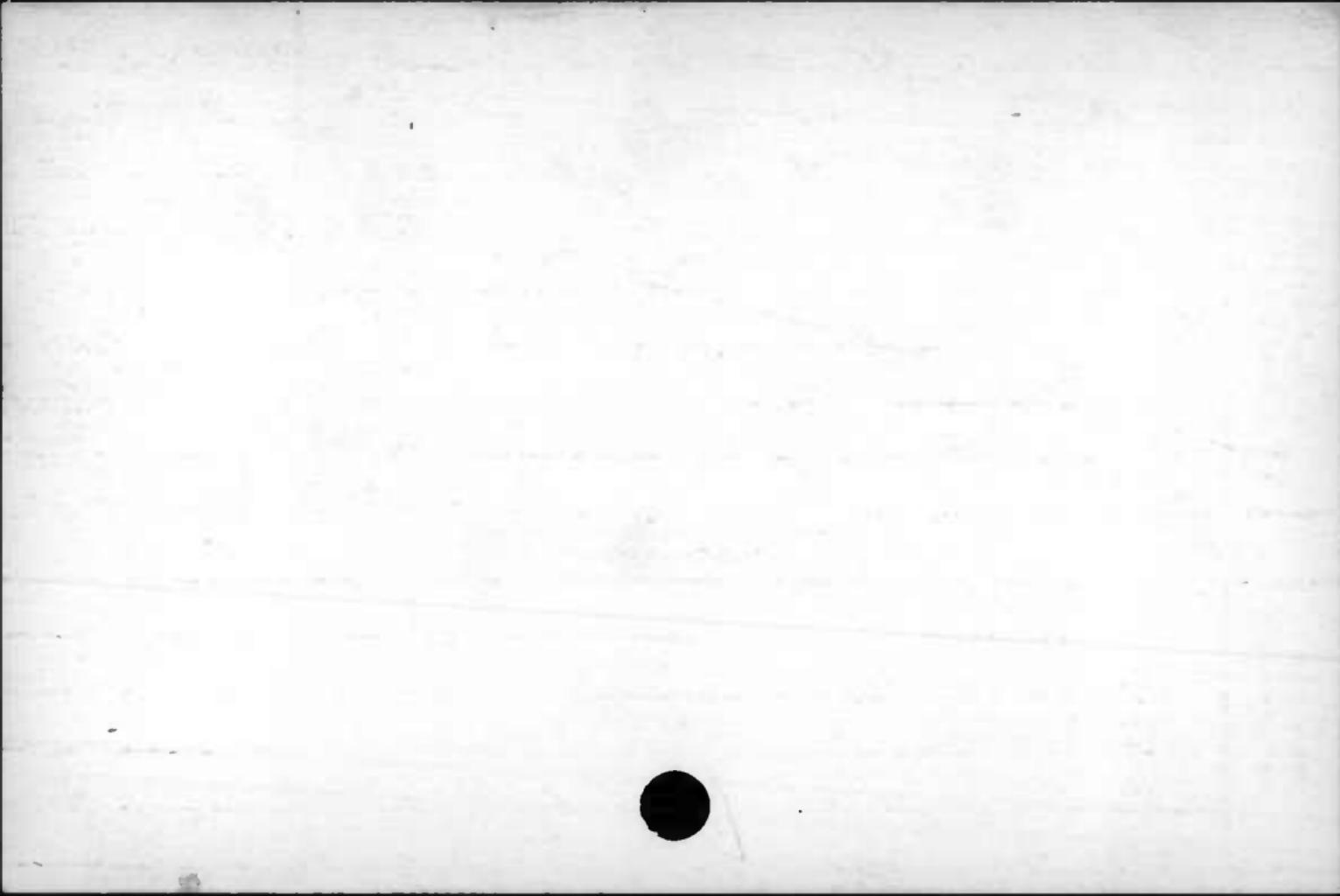
Signature of
Physician

R. H. Smith M.D.

Address

H de Sac
West

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Carrie Ewing Harford

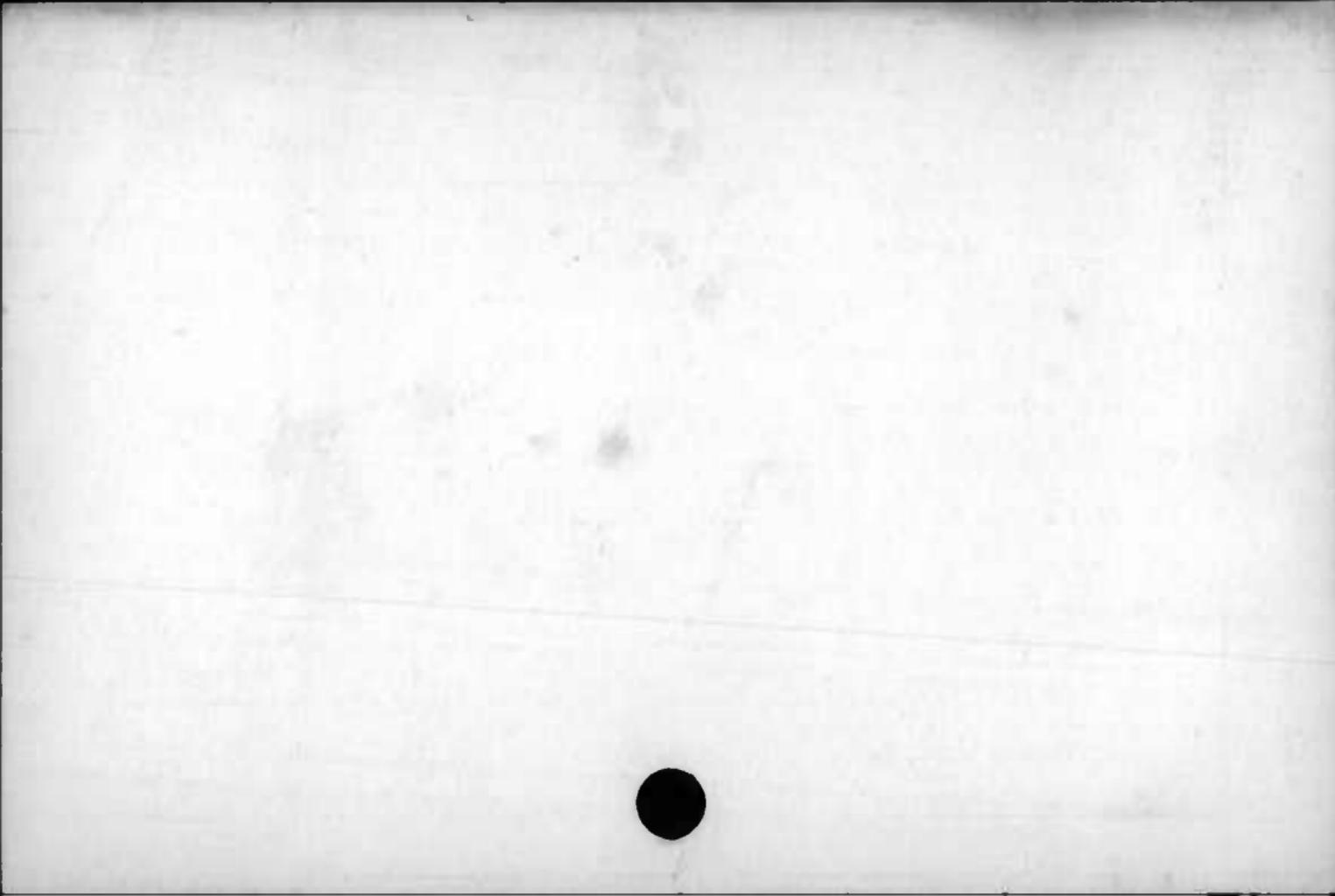
CERTIFICATE OF DEATH

MARYLAND

Town		County				
Died at Near Havre de Grace		Harford				
Date of death 1905	Month Aug.	Day 20	Age 35	Years	Months	Days
Sex Female	Color or Race white	Birth-place Harford Co				
Married, Single or Widowed Married	Occupation wife					
Name of Wife or Husband Edward Ewing						
Father's Name John Binkman	Father's Birthplace Harford Co					
Mother's Maiden Name Martha Carr	Mother's Birthplace "					"
Name of person giving information Father	How related to deceased Father					

CAUSES OF DEATH

Primary Typhoid fever	①	How long 4 weeks
Immediate Peritonitis		How long "
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician A. C. Brodus	
	Address	Havre de Grace
Accident or Suicide?		



Name
in
Full

Mary F. Gooson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	5 8	28	Years	Months	Days
Sex	Color or Race	Age	63		
Married, Single or Widowed	Occupation	Widow Sailor			
Name of Wife or Husband	G. F. Gooson				
Father's Name	Asl. Pritchett				
Mother's Maiden Name	Rebecca Gots.				
Name of person giving Information	Olea Gooson				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart disease

How long

How long

Immediate

Failure

immediate

Are the name, age, sex, color, date
and place correctly given above?

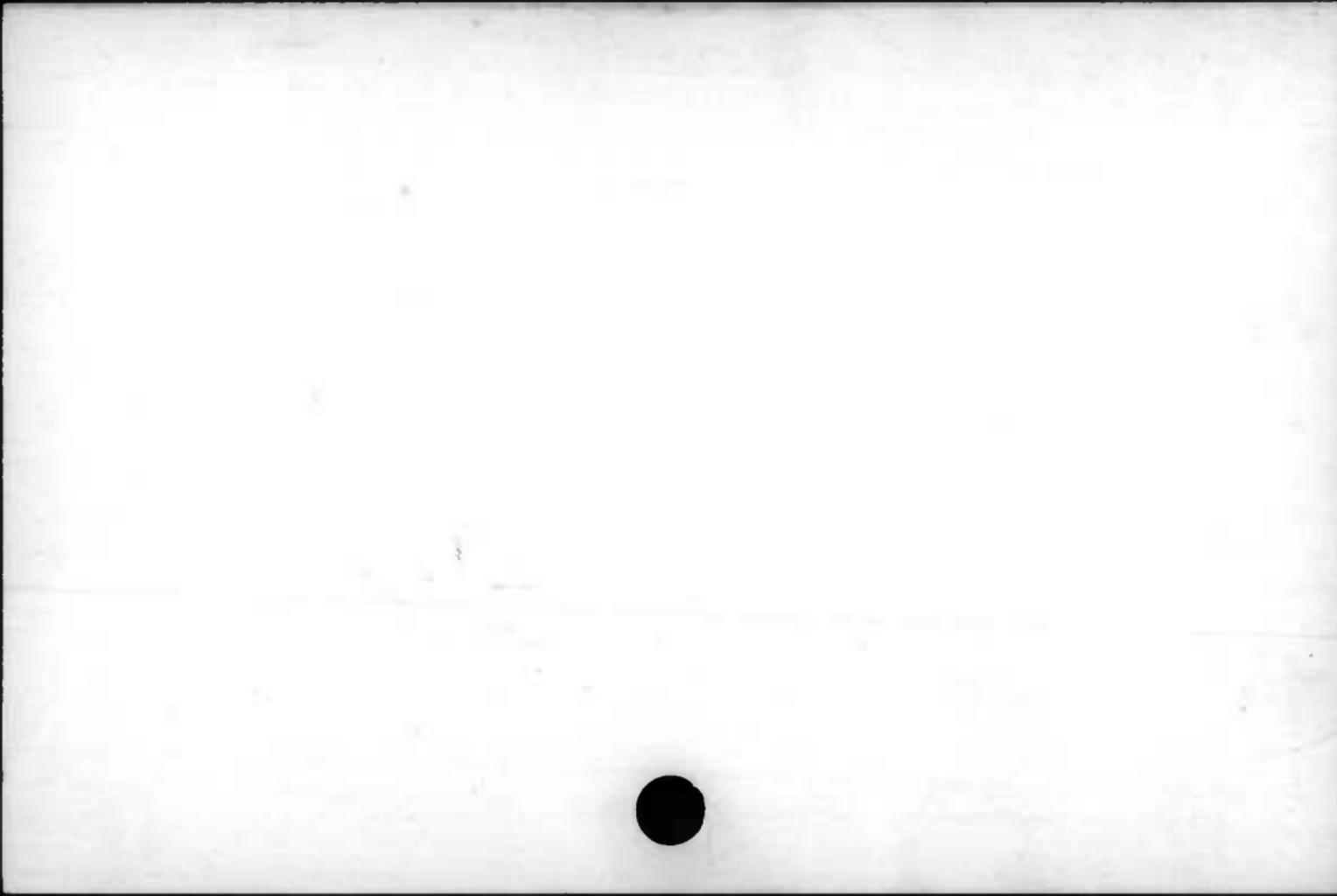
Yes

Signature of
Physician

Address

Cashiering amb
Bal air

Accident or Suicide?



Name
in
Full

William Eugene Grueter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Edgewood	Harford		Month	Day	Years
Date of death 1905 Aug	25	age 2	Months 7	Days 18	
Sex Male	Color or Race white	Birth-place Harford Co			
Occupation Infant	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name Arnd Grueter	Father's Birthplace Harford Co				
Mother's Maiden Name Bessie May Evert	Mother's Birthplace Harford Co				
Name of person giving information	How related to deceased				
Mother	67				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Harmonia of Brain

How long

2 weeks

Immediate

Paralysis

How long

Are the name, age, sex, color, date and place correctly given above?

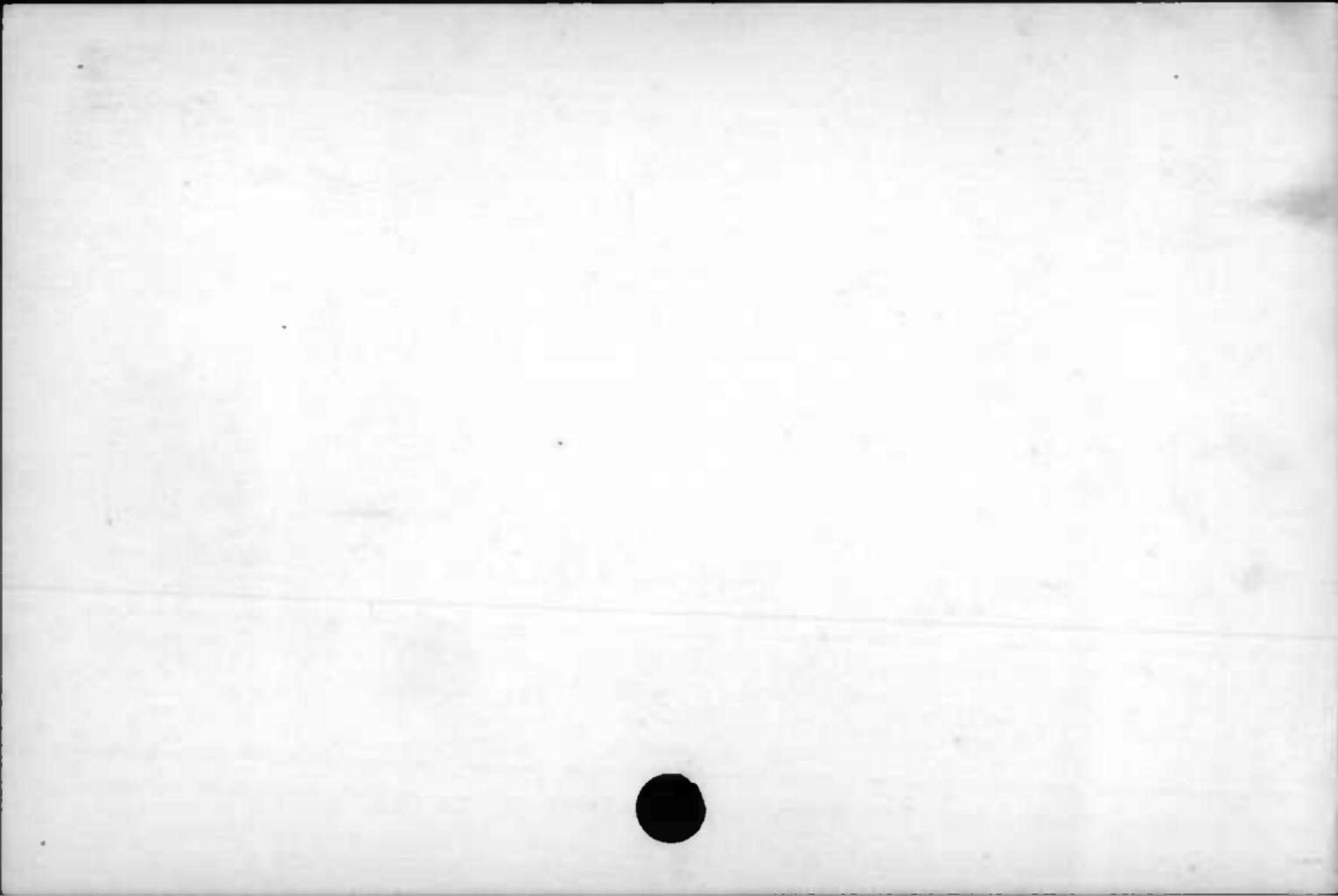
Yes

Signature of Physician

Address

Charles Roth
Edgewood

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Annie C. Gardner ✓

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death	1905	Month Aug	Day 5	Years 37	Months	Days
Sex	Female	Color or Race	White	Birth-place	Baltimore Co	
Occupation	House Wife			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	John Gardner	Father's Birthplace	Charles Town	
Father's Name	Geo Trice			Mother's Birthplace	Caldwell	
Mother's Maiden Name	Sarah A. Hough			How related to deceased	Daughter	
Name of person giving information	Geo Trice			X	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Malignant Abdominal Tumor

How long

about a year

Immediate

General Debility

How long

-

Are the name, age, sex, color, date and place correctly given above?

yes

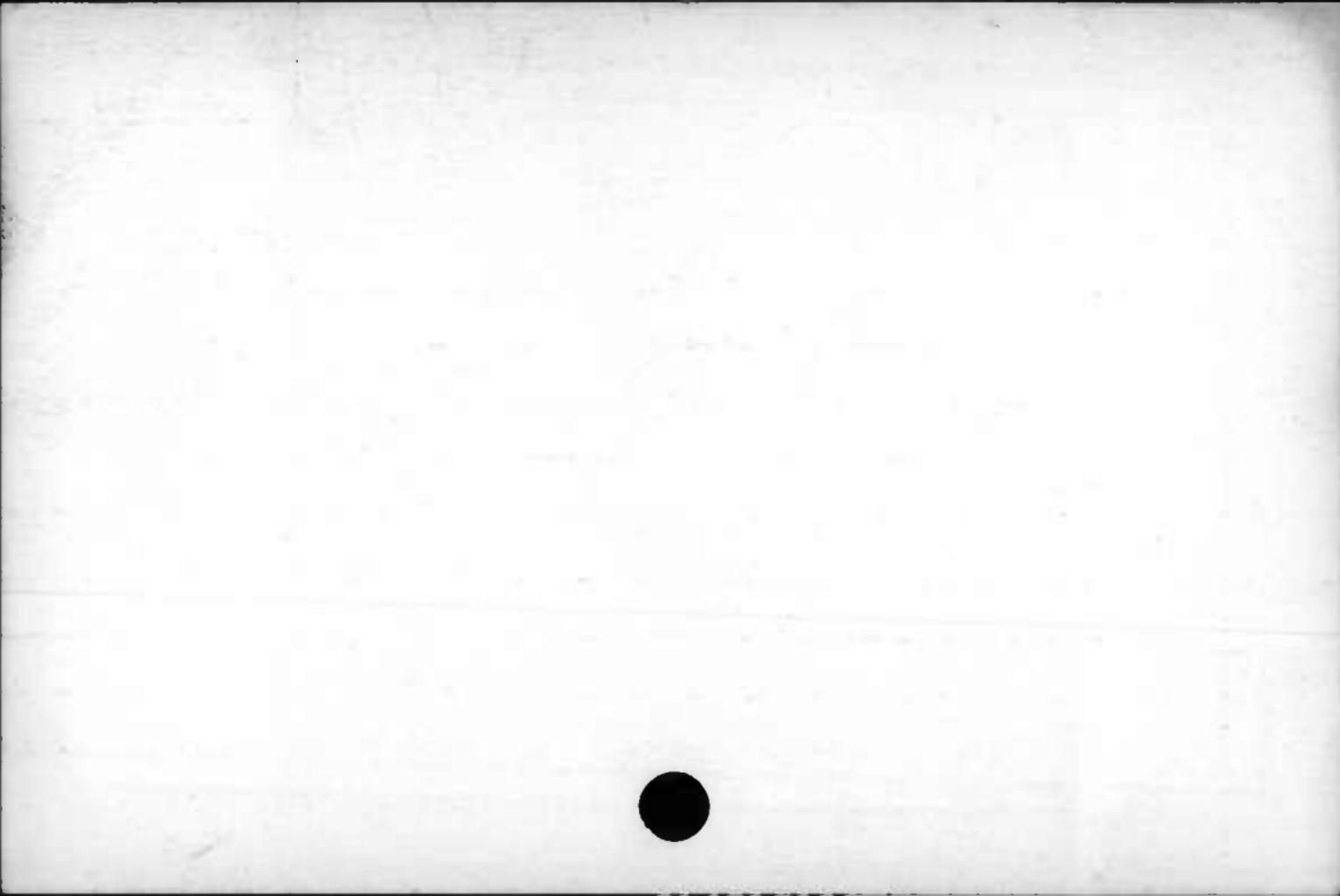
Signature of Physician

R. H. Smith M.D.

Address

Marie de Grace
Md

Accident or Suicide?



Name
in
Full

Kenny Slave

CERTIFICATE OF DEATH

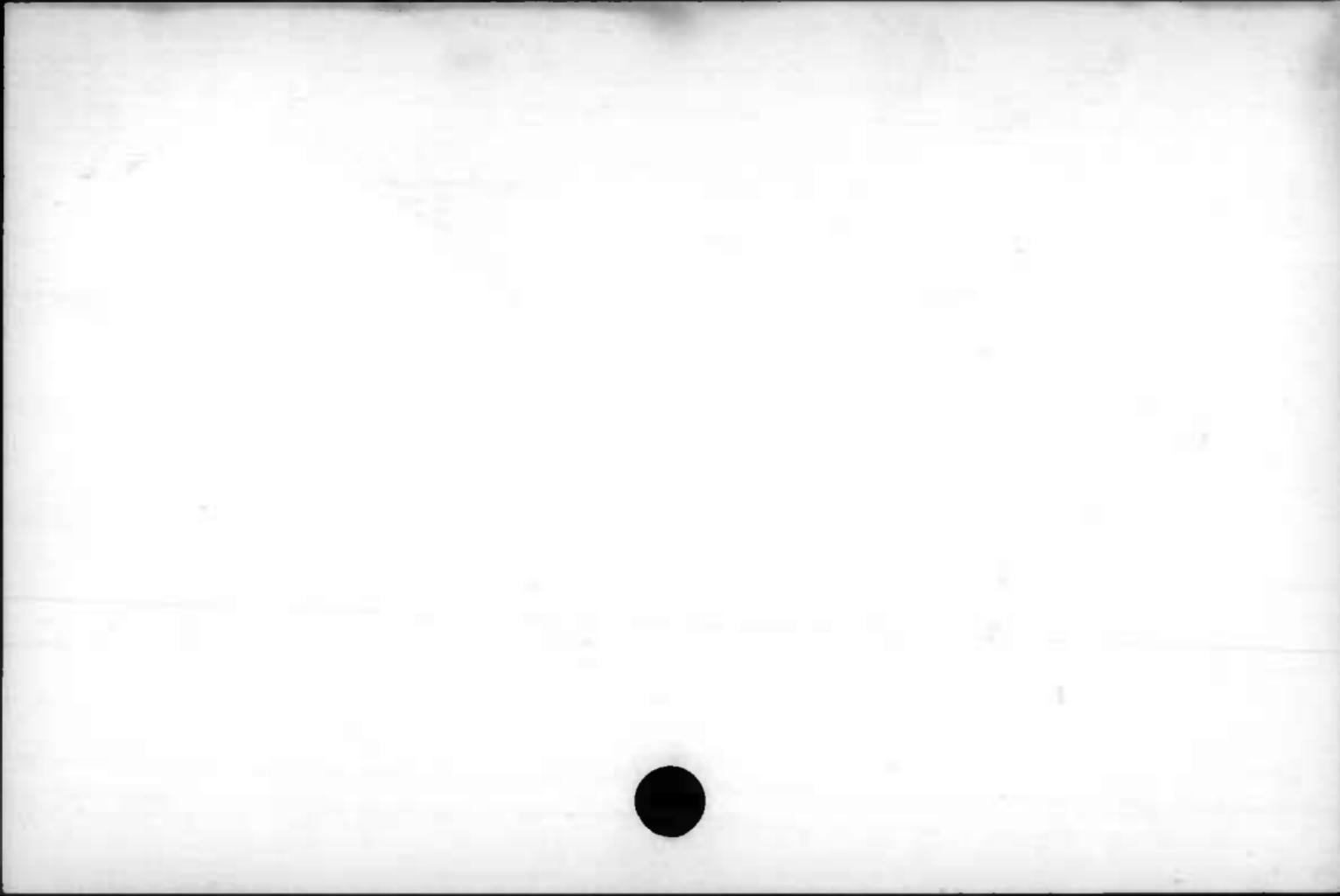
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County	MARYLAND	
Died at	Blair		St. Marys		
Date of death	1905	Month	Day	Years	Months
		Aug	21	84	
Sex	Male	Color or Race	Black	Birth-place	Md
Mother, Single Widowed	Occupation				
Name of Wife or Husband	Theodosia Slave				
Father's Name	Kenny Slave		Father's Birthplace	Md	
Mother's Maiden Name	Theodosia Slave		Mother's Birthplace	Md	
Name of person giving Information	Lorraine Slave		How related to deceased	Daughter	

CAUSES OF DEATH

Primary	Mitral Regurgitation	How long	many years.
	Failing compensation & dilation	How long	1 month.
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	A. F. Van Sibber M.D.
		Address	Bel Air
Accident or Suicide?	No.		Md.

PHYSICIAN
OR CORONER



Name
in
Full

Caroline Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1905		Aug.	13	66		
Sex	Female	Color or Race	white	Birth-place		
Occupation	Domestic			Where Residing if not at place of death		
Married, Single or Widowed	Widow			Name or Wife or Husband		
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Rheumatism	11/1	How long	one year	
Immediate	Heart failure	11/1	How long	3 weeks	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	A. Steward M.D.	
			Address	Delta Pa	
Accident or Suicide?					

Buried at
Mt. Nebo Cemetery Aug. 16, 1905

Name
in
Full

William McDonald McElvain

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Bradembough	County	Harford		
Date of death	Month	1905 Aug.	Day	20	Years	—
Sex	Male	Color or Race	white	Birth-place	Maryland	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed	Single			Name of Wife or Husband		
Father's Name	Wm. A. McElvain			Father's Birthplace	Pa.	
Mother's Maiden Name	L. Alice McDonald			Mother's Birthplace	Pa	
Name of person giving information	Wm. A. McElvain			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Intoxication

How long

two weeks

Immediate

Meningitis

61

How long

12 days

Are the name, age, sex, color, date and place correctly given above?

yes

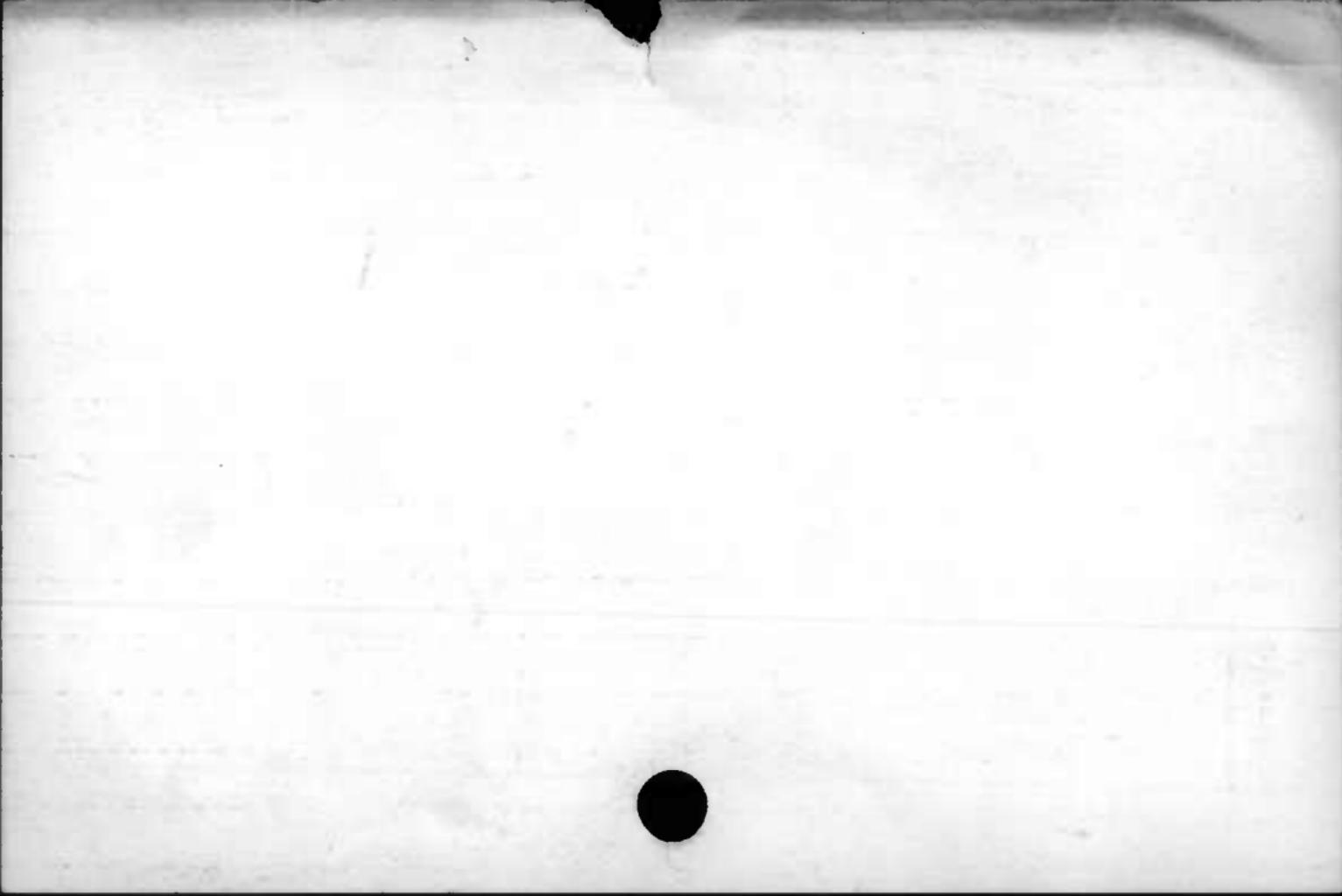
Signature of Physician

W. Willard Stirling

Address

Shane,
Balto Co., Md.

Accident or Suicide?



Name
in
Full

Mary Ann Maeva

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at of death		Town	County		MARYLAND	
Date of death	1905	Month Aug	Day 6	Years Age 62	Months 2	Days 23
Sex Occupation	Female Milliner	Color or Race	White	Where Residing if not at place of death	Birth-place Maryland Garnettville	
Married, Single or Widowed	Widow	Name of Wife or Husband	Benjamin Mason			
Father's Name	John Lunn		Father's Birthplace	Maryland		
Mother's Maiden Name	Priscilla Thompson		Mother's Birthplace	Pennsylvania		
Name of person giving Information	Thos E. Bathurst		How related to deceased	None		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Breast cancer of skin

44

How long

6 months

Immediate

Exhaustion

How long

-

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

H. F. Bradley, M.D.
Garnettville, Ind.

Accident or Suicide?

7

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

See Mays

CERTIFICATE OF DEATH

Died at

Town

County

Date
of death

1901

Month

8

Day

1

Years

Age

Months

5

Days

MARYLAND

Sex

Male

Color or
Race

White

Birth-
place

Japan

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

Mrs Mays

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Congestion of lungs

How long

2 mos

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

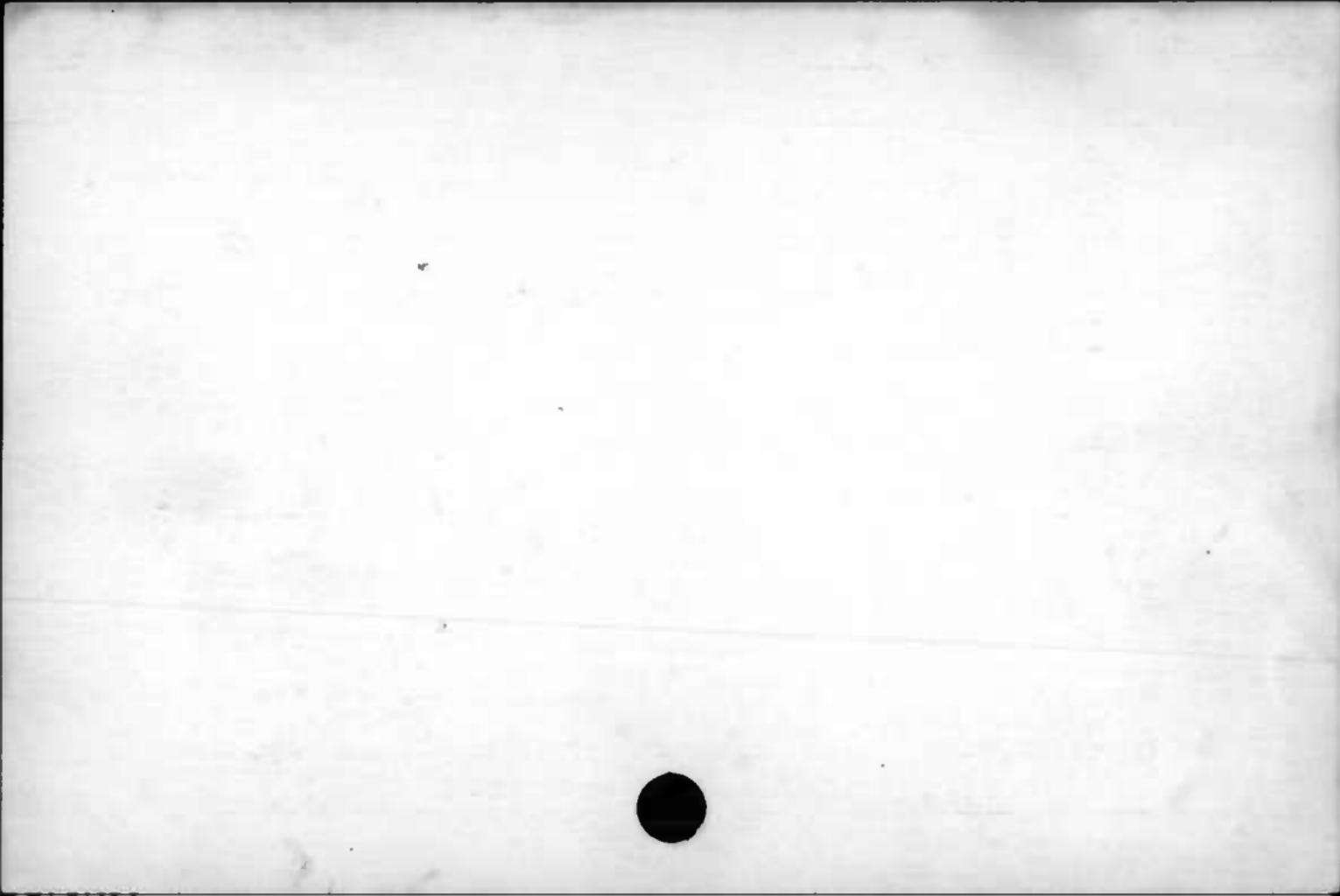
Signature of
Physician

Address

Dr H. Yonouchi
1012 Main

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Catharine Murphy

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>Street</u>		Town	County <u>Havard</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>8</u>	Day <u>31</u>	Age <u>38</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Ind</u>		
Occupation <u>House Wife</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Patrick F Murphy</u>					
Father's Name						Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving information <u>Maurine Murphy</u>						How related to deceased <u>Daughter</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

How long

12 Hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

C. H. Fairous

Address

Street

Ind

Accident or Suicide?

Sept 2^d 1915.

Hickory

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John S. Osborn

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1905	Month Aug	Day 8	Years 33	Months	Days	
Sex	Male	Color or Race	white -		Birth-place	Stanford Co Md	
Occupation	Blacksmith		Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Robt A. Osborn				Father's Birthplace	Stanford Co	
Mother's Maiden Name	Mercie Silver		50		Mother's Birthplace	"	
Name of person giving information	Howard Hanna		✓		How related to deceased	None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Diabetes, Enlarged Spleen

How long
2 yrs

Immediate Heart disease + Comp.

How long
6 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

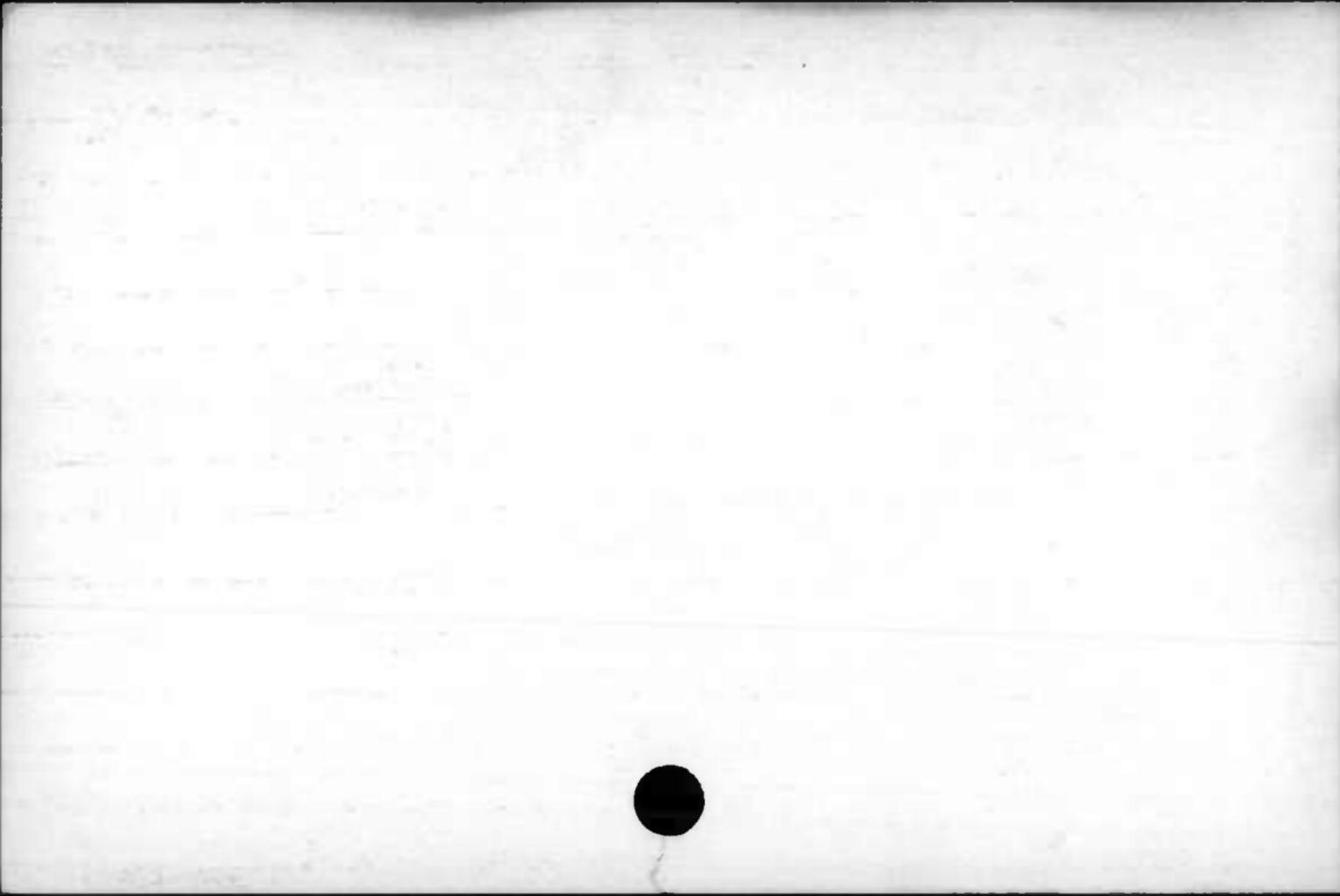
J. Leet Hopkins

Address

Havre de Grace

MD.

Accident or Suicide?



Name
in
Full

Oliver Pigg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death	Birth-place		
Occupation	House wife		Maryland		
Married, Single or Widowed	Name of Wife or Husband	Daniel Pigg			
Father's Name	William Washington	Father's Birthplace			
Mother's Maiden Name	Edith Hanson	Mother's Birthplace			
Name of person giving Information	Daniel Pigg (27)	How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Phthisis Pulmonalis* How long *Two.*

Immediate

Are the name, age, sex, color, date and place correctly given above?

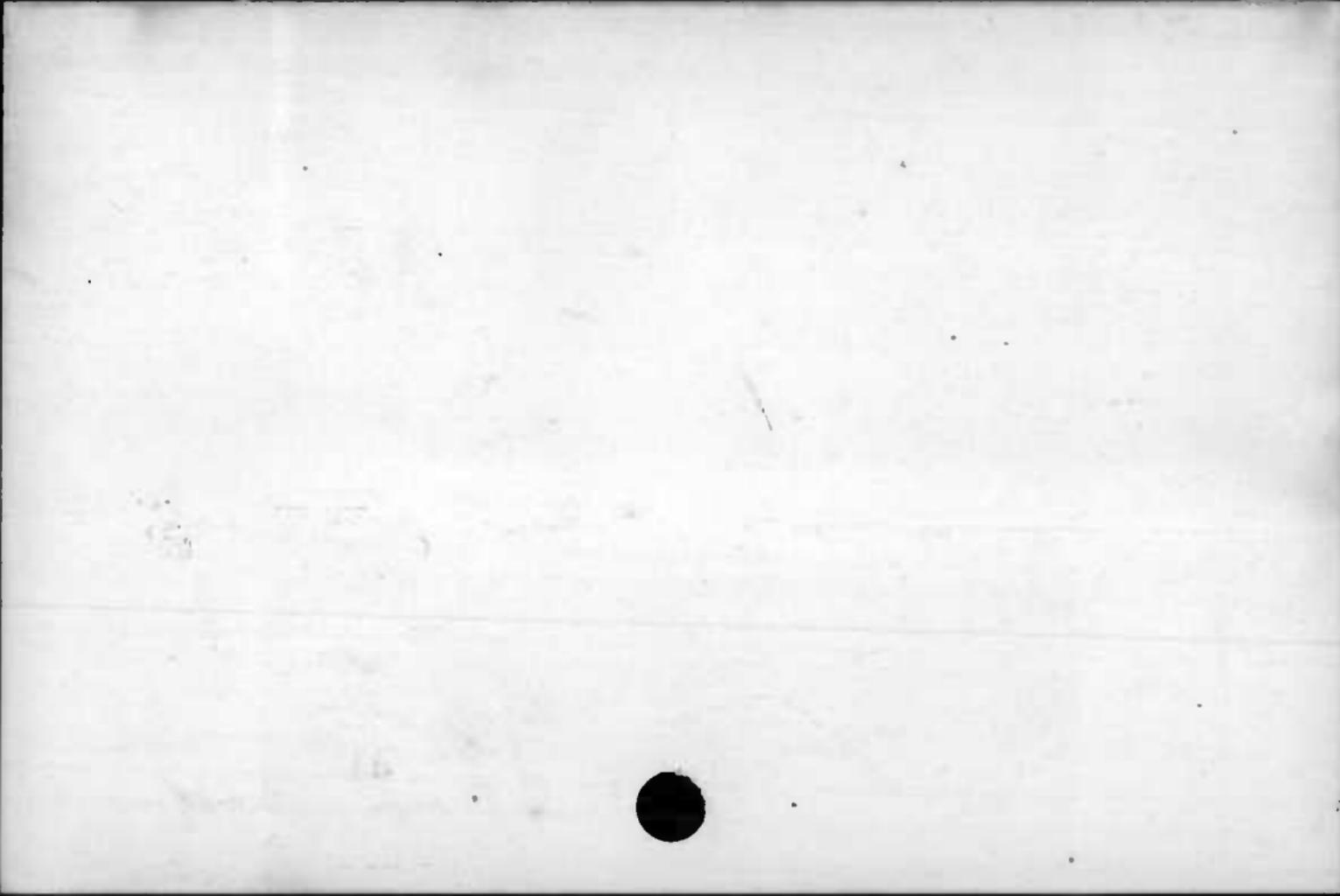
yes

Signature of Physician

Address

Charles Roth
Edgewood
MD

Accident or Suicide?



Name
in
Full

Robert Ralph Ransas

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	Count	MARYLAND		
Date of death	1905	Month 8	Day 8	Years 15	Months 8	Days 24
Sex	Male	Color or Race	White	Birth-place	Maryland	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed	Single		Name or Wife or Husband			
Father's Name	Elmer Ransas			Father's Birthplace	Md	
Mother's Maiden Name	Ida Ransas Kilgore			Mother's Birthplace	Md	
Name of person giving information	C.W. Farnous			How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Cholera Morbus

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

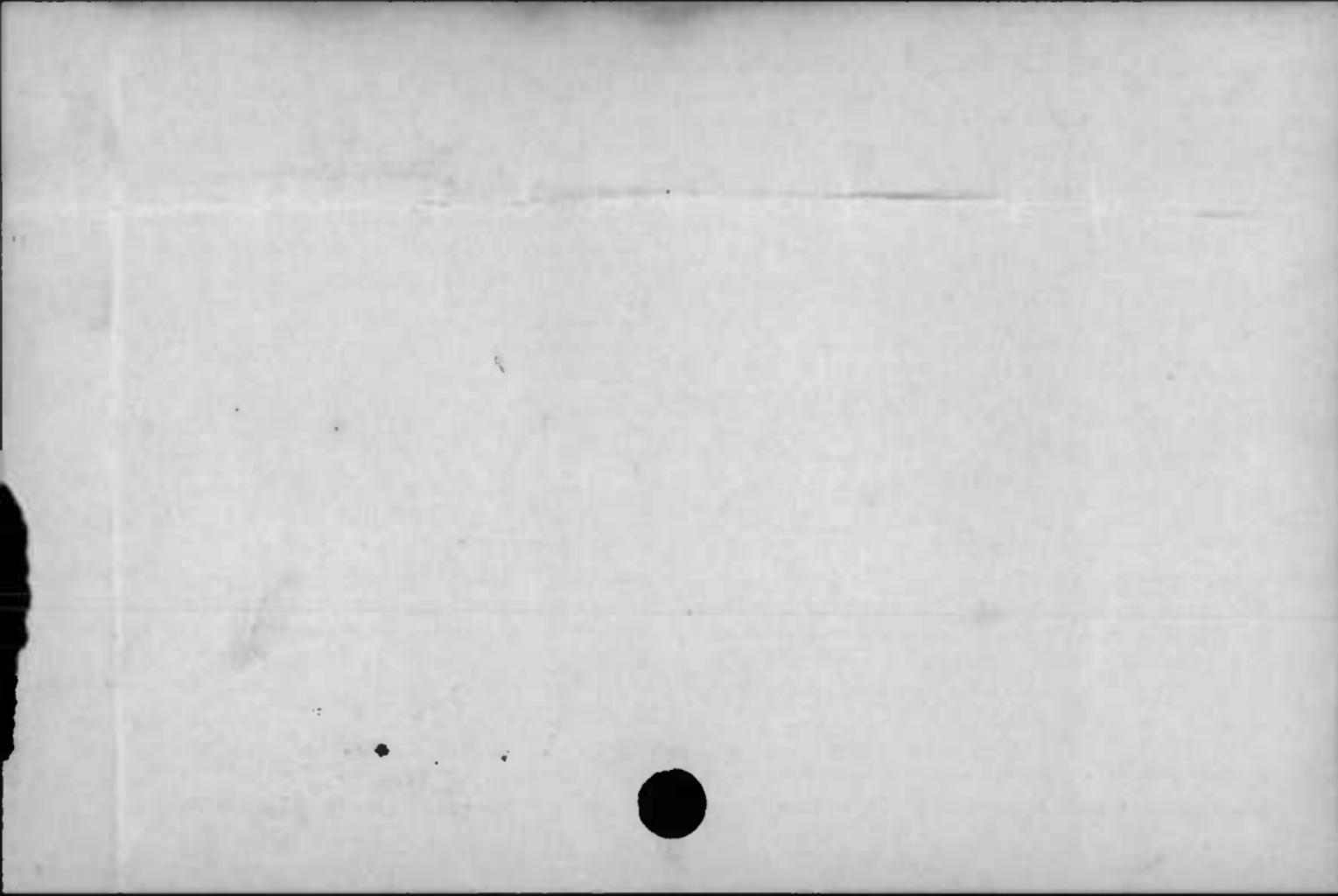
24 hours

yes

Address

C. W. Farnous
8th and

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Slate Springs</u> Town <u>Hanford</u> County			MARYLAND		
Date of death <u>1905</u>	Month <u>Aug.</u>	Day <u>14</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Age <u>4</u>			
Occupation		Where Residing if not at place of death <u>Slate Springs</u>			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>David Roberts Jr</u>	Father's Birthplace <u>Wales</u>				
Mother's Maiden Name <u>Clara Scarborough</u>	Mother's Birthplace <u>Peach Bottom</u>				
Name of person giving information	How related to deceased				

105
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Summer Complaint</u>	How long <u>8 days</u>
Immediate	<u>Inflammation of Brain</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>A. Steward M.D.</u>
		Address <u>Delta Pa.</u>
Accident or Suicide?		

Scanned at 300 dpi
Elkhorn Cemetery Aug 16, 1985

Name
in
Full

Martha E Puff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town		County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Age			
Occupation	Where Residing if not at place of death		Birthplace			
Married, Single or Widowed	Name of Husband	Jesse Puff				
Father's Name	abraham waters		Father's Birthplace	Md		
Mother's Maiden Name	Mary waters		Mother's Birthplace	Md		
Name of person giving Information	Jesse Puff		How related to deceased	husband		

CAUSES OF DEATH

Primary

Peritonitis

116

How long

few days

Immediate

"

How long

"

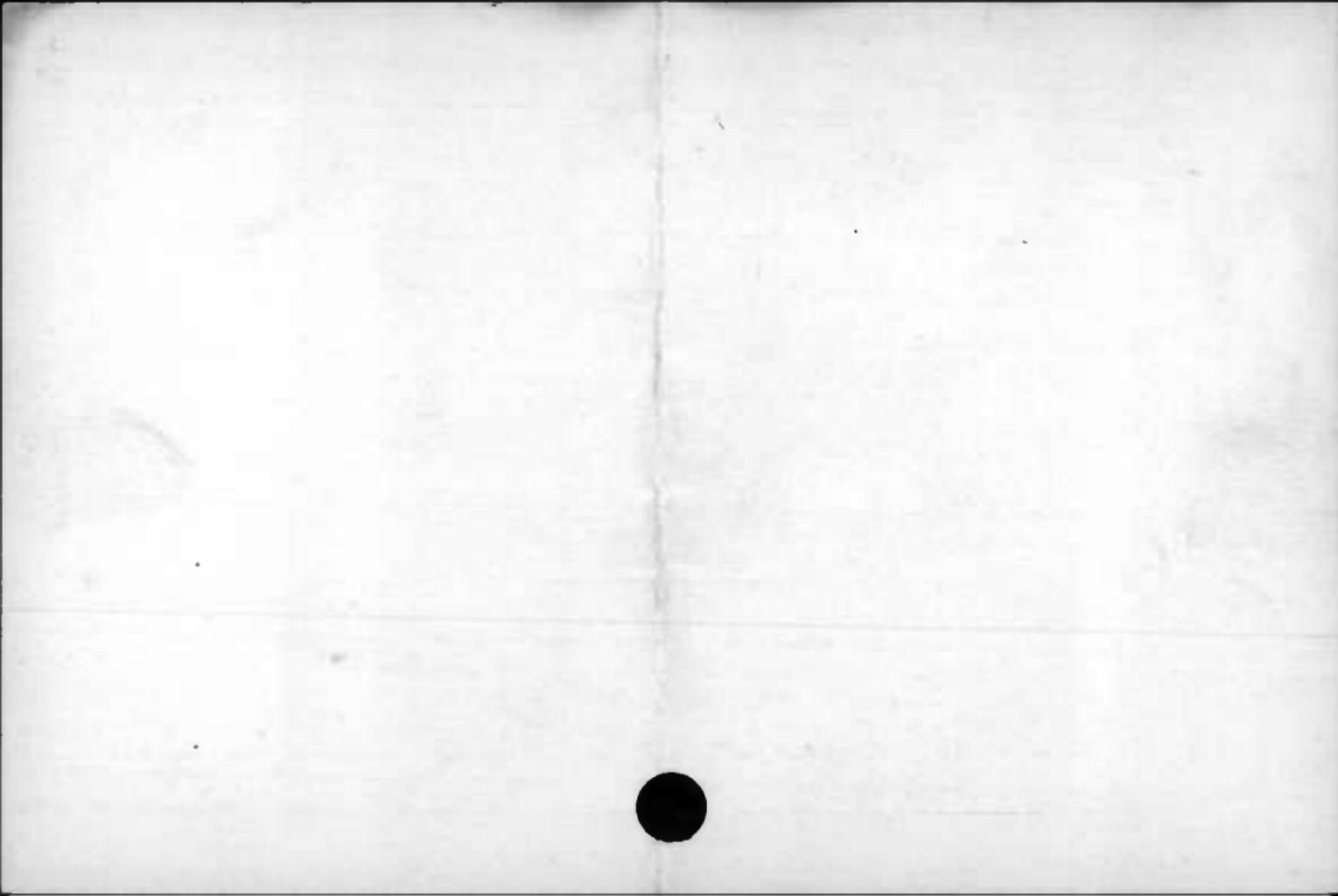
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Jesse Puff
17700 1/2 1st Street
Baltimore Md

Accident or Suicide?



Name
in
Full

Wm Hector Scarborough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1905	8th	8	Age	5	9	
Sex	Male	Color or Race	White	Birth-place	Birthtown	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Pinkney Scarborough			Father's Birthplace	Md	
Mother's Maiden Name	Fannie Chamberlain			Mother's Birthplace	Md	
Name of person giving Information	Pinkney Scarborough			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Infantile indigestion

105

How long

Immediate

Cholera infantum

5

days

Are the name, age, sex, color, date and place correctly given above?

Yes

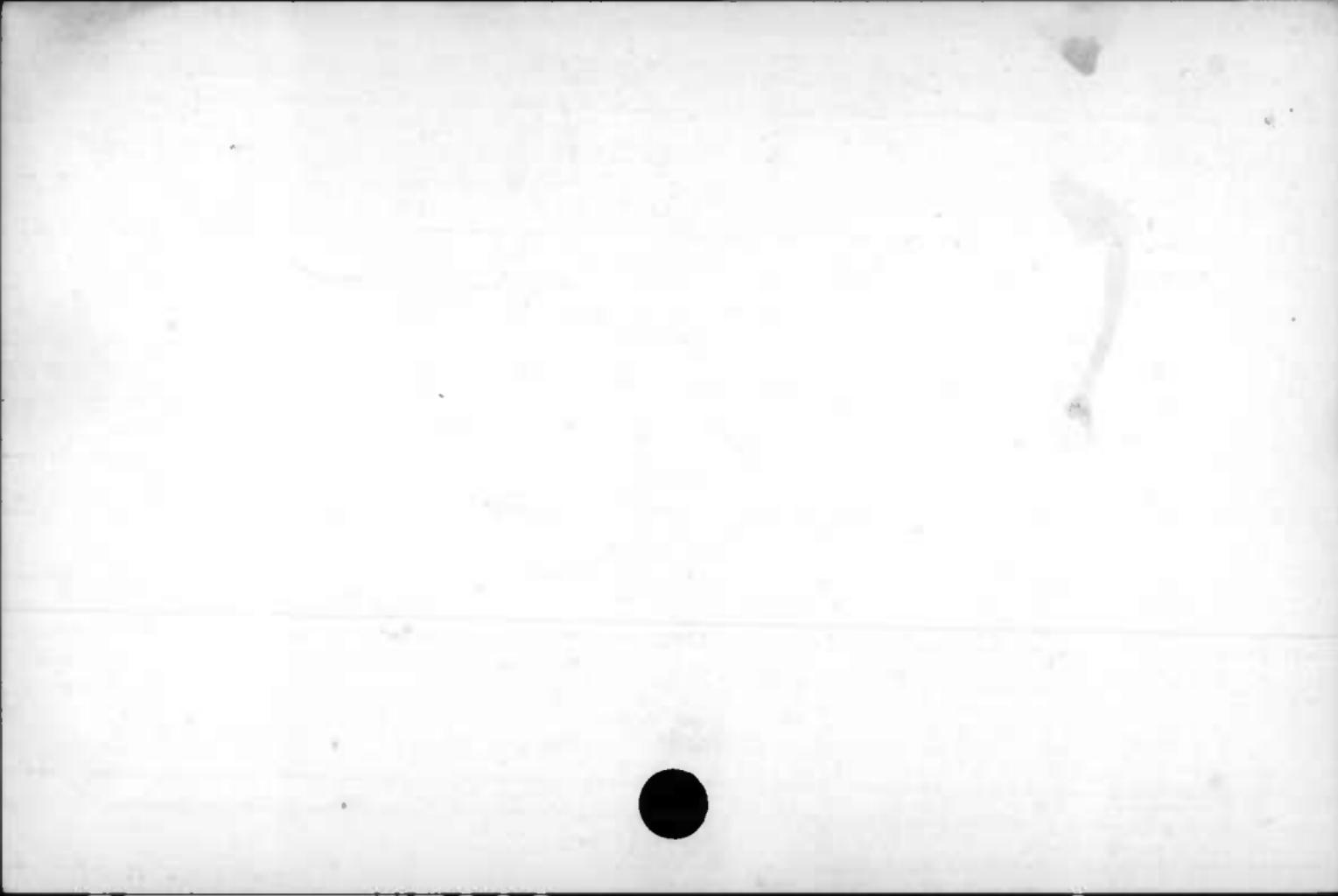
Signature of Physician

Address

O G Mc Neual

Jarrettsville

Accident or Suicide?



Name
in
Full

Libbie B. Smith, Hartford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Darlington.

County

MARYLAND

Date of death 1905 Month 8 Day 17 Age 26 Months Days

Sex Female

Color or Race

Black

Birth-place

Virginia

Occupation

Seamstress

Where Residing if not
at place of death

Baltimore Md.

Married, Single
or Widowed

widow

Name of Wife or Husband

Samuel M Smith

Father's Name

don't know

Father's Birthplace

don't know

Mother's Maiden Name

Lizzie Carter

Mother's Birthplace

Virginia

Name of person giving
Information

Mary Smith

How related
to deceased

Widow

CAUSES OF DEATH

Primary

Pul. Tuberculosis

How long

5 months

Immediate

Pul. Hemorrhage

21

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

S.M. Ragan M.D.
Coronado Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

